

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039310

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 117

FILED OCT 28 1963

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Excelsior Springs

Length of stay in 1b

Lifetime

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Spa View Health Haven

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Clay

c. CITY OR TOWN

Excelsior Springs

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

628 S Marietta

(If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

Arthusa Jane (Sudie) Unger

4. DATE OF DEATH

Month

Day

Year

Aug. 2

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-20-1872

9. AGE (last birthday)

91

10. IF UNDER 1 YEAR

Months Days Hours Min.

1 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10b. KIND OF BUSINESS OR INDUSTRY

Boarding Houses

11. BIRTHPLACE (City and state or country)

4mi East Exc. Spr.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Cy Titus

13b. MOTHER'S MAIDEN NAME

Katherine O'Dell

14. NAME OF HUSBAND OR WIFE

George W. Unger (Dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Dorthv Bates 628 S Marietta

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrest

INTERVAL BETWEEN ONSET AND DEATH
instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart disease

years

DUE TO (c)

Arteriosclerosis

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 28, 1963 to August 2, 1963 and last saw her alive on August 2, 1963
Death occurred at 2:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. M. D.

22b. ADDRESS

Excelsior Springs, Mo.

22c. DATE SIGNED

8/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 5, 1963

23c. NAME OF CEMETERY OR CREMATORY

Masonic Cemetery

23d. LOCATION (City, town, or county)

Excelsior Springs, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hope Funeral Home Exc. Spr., Mo

25. DATE RECD. BY LOCAL REG.

10/28/63

26. REGISTRAR'S SIGNATURE

Harold W. M. D.

Revised permit 8-3-63 B.H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. #3950

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.